

Appointment/Cancellation of Managing General AGENT or AGENCY*To be completed ONLY by the
appointing Insurance Company*

Name of Appointing or Cancelling Company

Company NAIC number

- 1** Complete a separate form for each Managing General AGENT or Managing General AGENCY. If you appoint a Managing General AGENCY, you must also appoint a Managing General AGENT within that agency, using a separate form FIS 0242.

Name of AGENT	
AGENT mailing address	
System ID/License Number	<div style="border: 1px solid black; width: 100px; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Agent Social Security number (last 4 digits only)	<div style="border: 1px solid black; width: 100px; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div></div>

OR

Name of AGENCY	
AGENCY mailing address	
System ID/License Number	<div style="border: 1px solid black; width: 100px; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Agency Tax ID number (FEIN)	<div style="border: 1px solid black; width: 100px; height: 1.2em; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

2 Action Requested
☐ **APPOINT this Agent or Agency for these lines**

- | | |
|----------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Life | <input type="checkbox"/> Property |
| <input type="checkbox"/> Accident and Health | <input type="checkbox"/> Casualty |

☐ **CANCEL this Agent or Agency for these lines**

- | | |
|----------------------------------------------|-----------------------------------|
| <input type="checkbox"/> All | <input type="checkbox"/> Property |
| <input type="checkbox"/> Life | <input type="checkbox"/> Casualty |
| <input type="checkbox"/> Accident and Health | |

If you are *appointing* a Managing General AGENT or AGENCY, briefly state the duties they are expected to perform on behalf of you, the insurer:

Effective Date:

3 Certification

This appointment or cancellation of a Managing General Agent or Agency is done pursuant to Section 500.1411(e) of the Michigan Insurance Code. I am authorized by this insurer to appoint or cancel this agent or agency. I am familiar with the requirements of the (Chapter 14) of the Michigan Insurance Code, and assure that the company and its managing general agents and agency will comply with its provisions.

Signature of appointing authority

Name and title (please type or print)

Telephone number (include area code)

E-Mail address

Mailing and delivery address

Thomson Prometric/OFIS
3105 S Martin Luther King Blvd PMB 179
Lansing MI 48910-2939

Authority: Section 500.1411(e) of the Michigan Insurance Code. Failure to file this information may result in a compliance action that may result in a fine, or limitation of your Certificate of Authority in Michigan.



Michigan Department of Labor & Economic Growth
 Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442

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